

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	709
Suggested Group Art Unit::	2152
CD-ROM or CD-R?::	None
Title::	METHOD AND APPARATUS FOR PROVIDING ATTRIBUTES OF A COLLABORATION SYSTEM IN AN OPERATING SYSTEM FOLDER-BASED FILE SYSTEM
Attorney Docket Number::	G0008/7012
Request for Early Publication?::	No
Request for Non-Publication?::	Yes
Suggested Drawing Figure::	3
Total Drawing Sheets::	15
Small Entity::	Yes
Petition Included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	George
Middle Name::	P.
Family Name::	Moromisato
City of Residence::	Cambridge
State or Province of Residence::	Massachusetts
Country of Residence::	USA
Street of Mailing Address::	4 Chester Street, Unit C
City of Mailing Address::	Cambridge

State or Province of Mailing Address:: Massachusetts

Postal or Zip Code of Mailing Address:: 02140

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Gragory

Middle Name:: S.

Family Name:: Klabish

City of Residence:: Malden

State or Province of Residence:: Massachusetts

Country of Residence:: USA

Street of Mailing Address:: 500 Broadway, Apt. #4123

City of Mailing Address:: Malden

State or Province of Mailing Address:: Massachusetts

Postal or Zip Code of Mailing Address:: 02148

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Jerry

Middle Name:: J.

Family Name:: Shekhel

City of Residence:: Swampscott

State or Province of Residence:: Massachusetts

Country of Residence:: USA

Street of Mailing Address:: 35 Highland Street

City of Mailing Address:: Swampscott

State or Province of Mailing Address:: Massachusetts

Postal or Zip Code of Mailing Address:: 01907

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Pamela
Middle Name:: J.
Family Name:: Taylor-Paris
City of Residence:: Upton
State or Province of Residence:: Massachusetts
Country of Residence:: USA
Street of Mailing Address:: 14 Plumbley Road
City of Mailing Address:: Upton
State or Province of Mailing Address:: Massachusetts
Postal or Zip Code of Mailing Address:: 01568

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Mark
Middle Name:: R.
Family Name:: Szamrej
City of Residence:: Westford
State or Province of Residence:: Massachusetts
Country of Residence:: USA
Street of Mailing Address:: 45 Village View Road
City of Mailing Address:: Westford
State or Province of Mailing Address:: Massachusetts
Postal or Zip Code of Mailing Address:: 01886

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity

Given Name:: Raymond
Middle Name:: E.
Family Name:: Ozzie
City of Residence:: Manchester
State or Province of Residence:: Massachusetts
Country of Residence:: USA
Street of Mailing Address:: 50 Harbor Street
City of Mailing Address:: Manchester
State or Province of Mailing Address:: Massachusetts
Postal or Zip Code of Mailing Address:: 01944

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Eric
Middle Name:: M.
Family Name:: Patey
City of Residence:: Rockport
State or Province of Residence:: Massachusetts
Country of Residence:: USA
Street of Mailing Address:: 3 Boulder Top
City of Mailing Address:: Rockport
State or Province of Mailing Address:: Massachusetts
Postal or Zip Code of Mailing Address:: 01966

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Patrick
Middle Name:: M.
Family Name:: Halvorsen

City of Residence:: Andover
State or Province of Residence:: Massachusetts
Country of Residence:: USA
Street of Mailing Address:: 23 Stinson Road
City of Mailing Address:: Andover
State or Province of Mailing Address:: Massachusetts
Postal or Zip Code of Mailing Address:: 01810

Correspondence Information

Correspondence Customer Number:: 021127
Phone Number:: (617) 367-4600
Fax Number:: (617) 367-4656
E-Mail Address:: pkudirka@kjpat.com

Representative Information

Representative Customer Number::	021127
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Assignee Information

Assignee Name:: Groove Networks, Inc.
Street of Mailing Address:: 100 Cummings Center, Suite 535Q
City of Mailing Address:: Beverly
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 01915